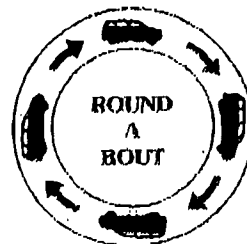


233718

# ROUND-A-BOUT FAX



Date

11-25-11

Number of pages including cover sheet

TO:

Clarks Office

FROM:

ROUND-A-BOUT  
TRANSPORTATION CO.1070 Tunnel Rd., Bldg 4, Ste 1  
Asheville, NC 28805

Phone

Phone (828) 253-0067 298-5891

Fax Phone

Fax Phone (828) 298-6867  
EMAIL ~~Roundabout@bellsouth.net~~  
Roundabout@bellsouth.net

REMARKS:

☐ Urgent☐ For your review☐ Reply ASAP☐ Please Comment

Please expedite to get on Nov. 30 deck.

Thank you

Dwain M. Nelson

**STATE OF SOUTH CAROLINA****(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request to amend the name on the Class C Non  
Emergency Certificate of Asheville Transport, LLC  
DBA Round-A-Bout Transportation Company of SC

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER: 2011 - 349 - T**

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lynwood B. Jackson, IIITelephone: 828-691-9432Address: 100 Vance Street, Unit 5  
Pandleton, SC 29670Fax: 828-298-6867

Other: \_\_\_\_\_

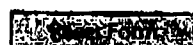
Email: lynwood.b.j3@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



## CLASS C AMENDMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
---	--

\* DATE: 11-25-2011

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_
 ☐ Class C Charter # \_\_\_\_\_
 ☐ Class C Charter Bus # \_\_\_\_\_  
☒ Class C Non-Emergency # 8505
☐ Class C Stretcher Van# \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Asheville Transport, LLC DBA: Round-A-Bout Transportation Company of SC  
 (Current Name) (Current DBA if applicable)  
 TO: Upstate Transport of S.C., LLC DBA: Round-A-Bout Transportation Company of SC  
 (New Name) (New DBA if applicable)

☒ ~~Scope of Authority~~

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Scope) (New Scope)

☒ ~~Passenger Limit~~

From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Limit Number) (New Limit Number)

Upstate Transport of S.C., LLC  
 DBA: Round-A-Bout Transportation Company of SC  
 Name & DBA if DBA is applicable)

100 Vance Street, Unit 5  
 (Street and/or Mailing Address)

Pendleton, SC 29670  
 (City, State, Zip Code)

828-691-9432  
 (Telephone Number)

828-298-5891

[Signature]  
 (Signature)

Owner  
 (Title) Owner, President, etc.

Revised 3-2-10

Note: Please expedite. Thank You!  
I need this on Nov 30 next.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

# COPY

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic  
Filing Fee - \$110.00

NOV 15 2011

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

UPSTATE TRANSPORT OF S.C., LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

100 Vance Street, Unit 5

Street Address

Pendleton

29670

City

Zip Code

3. The initial agent for service of process is

Lynwood B. Jackson III

Name

*Lynwood B. Jackson III*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

100 Vance Street, Unit 5

Street Address

Pendleton

29670

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Lynwood B. Jackson III

Name

100 Vance Street, Unit 5

Street Address

Pendleton

SC

29670

City

State

Zip Code

- (b)

Name

Street Address

City

111115-0145

FILED: 11/15/2011  
UPSTATE TRANSPORT OF S.C., LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company UPSTATE TRANSPORT OF S.C., LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) Lynwood B. Jackson III
- |                          |       |          |
|--------------------------|-------|----------|
| Name                     |       |          |
| 100 Vance Street, Unit 5 |       |          |
| Street Address           |       |          |
| Pendleton                | SC    | 29670    |
| City                     | State | Zip Code |
- (b) \_\_\_\_\_
- |                |       |          |
|----------------|-------|----------|
| Name           |       |          |
| Street Address |       |          |
| City           | State | Zip Code |
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Signature of Organizer

Date

Signature of Organizer

Date

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

UPSTATE TRANSPORT OF S.C., LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 15th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
15th day of November 2011.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State